



# HACCO, INC.

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001

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October 24, 2002

Headquarters EPA  
Document Processing Desk (6a2)  
Office of Pesticide Programs (7504C)  
1921 Jefferson Davis Highway  
Arlington, Virginia 22202

Subject: 6(a)(2) Single Incident Report

This letter is in response to the agency's requirements for FIFRA 6(a)(2) single incident reporting. I am reporting this incident for HACCO, company number 61282. Please note that the product is a restricted use pesticide.

If you should have questions regarding the information, please contact me at (970) 346-6214.

Sincerely,

Debbi L. Keese  
6(a)(2) Information Coordinator

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

part of - 001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 1 of 3

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| Row 1   | Reporter Name<br><b>Dr. Oscar Busos's Nurse</b>   |  | Submission date.<br>10/24/02   | Contact person (if different than reporter)<br>John Gualtieri           | Internal ID<br><b>1-5828031</b><br>Platte I.D.<br>02-109   |
| Administrative Data   | Address<br><b>Miles City<br/>Montana</b>  |  |  | Address<br>Prosar<br>1295 Bandana Blvd. Suite 335<br>St. Paul, MN 55108 |  |
|   | Phone #<br><b>(406) 233-2535</b>  |  |  | Phone # 651.917.6154  |  |
|   | Incident Status:<br><br><b>New</b>  | Location and date of incident<br><b>Miles City<br/>Montana<br/>Chronic</b> |  | Date registrant became aware of incident.<br><b>9/16/02</b>             | Was incident part of larger study? <b>No</b>   |
| Row 2   | EPA Registration # (Product 1)<br><b>61282-14</b>                                       |  | EPA Registration # (Product 2)   |   | EPA Registration # (Product 3)   |
| Pesticide(s) Involved   | A.I. (s)<br><b>Zinc Phosphide</b>   |  | A.I. (s)   |   | A.I. (s)   |
|   | Product 1 name<br><b>Prozap Zinc Phosphide Oat Bait</b>                                 |  | Product 2 Name   |   | Product 3 Name   |
|   | Exposed to concentrate prior to dilution? <b>NA</b>                                     |  | Exposed to concentrate prior to dilution?  |   | Exposed to concentrate prior to dilution?  |
|   | Formulation   |  | Formulation  |   | Formulation  |
| Row 3   | Evidence label directions were not followed? <b>No</b><br>Intentional misuse? <b>No</b> |  | Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).<br><br><b>Workplace</b> |   | Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <b>See 'description of incident' notes.</b> |
| Incident Circumstances  | Applicator certified PCO? <b>Not applicable</b>   |  |  |   |  |
| How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)<br><br><b>See Incident Description</b> |   |  |  |   |  |

Brief description of incident circumstances.

*9/16/02 6:37:17 PM Caller is an RN. They are seeing a patient who has complaints of malaise over the past few weeks. Apparently, she regularly applied material to prairie dog holes as a state employee. She uses gloves during this process so it is not clear how she would be exposed.*

*REC: AI in product does have a high health hazard potential if mishandles, however, it primarily needs to be ingested to produce systemic effects. Insure that in the course of her work, that she has not been inhaling extensive amounts of airborne material from the product.*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

|   |   |   |   |
|---|---|---|---|
| Demographic information:<br>Age: <b>54 Years</b> Sex: <b>Female</b><br>Occupation (if relevant)   | Exposure route:<br><b>Unknown</b>   | Was adverse effect result of suicide/homicide or attempted suicide/homicide?<br><b>No</b> | Was protective clothing worn (specify)?<br><b>Not applicable</b>                        |
| If female, pregnant?<br><b>DNQ</b>  | Was exposure occupational?<br><b>Yes</b><br>If yes, days lost due to illness:<br><b>0</b> | Time between exposure and onset of symptoms:<br><b>See Symptoms</b>                       |   |
| Type of medical care sought:<br>(examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).<br><b>HCF</b>   | List signs/symptoms/adverse effects<br><br><b>Malaise - Unable to determine ,</b>         |   | If lab tests were performed, list test names and results (If available, submit reports) |
| Exposure data:<br>Amount of pesticide:<br>Exposure duration:<br>Weight:   |   |   |   |
| Human severity category:<br><b>HC</b>   |   |   |   |
| <p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div> |   |   |   |
|   |   |   | Internal ID #<br><b>1-582E031</b><br>Plate I.D. 02-109                                  |